



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 17029 (Rev. 06/2003)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A PARTICIPATING AGENCY			
Name of Participating Agency		Department No.	
Name of Authorized Agent		Date of Appointment	
Signature of Authorized Agent		Date of Signature	
PART B TYPE OF APPOINTMENT			
<input type="checkbox"/> Replacement of Previous Agent Previous Agent Name: _____			
<input type="checkbox"/> Addition to Present Agent			
<input type="checkbox"/> New Appointment			
PART C AUTHORIZED AGENT FOR			
<input type="checkbox"/> Retirement	Effective Date: ____/____/____		
<input type="checkbox"/> Health	Effective Date: ____/____/____		
<input type="checkbox"/> Life	Effective Date: ____/____/____		
<input type="checkbox"/> Dental	Effective Date: ____/____/____		
<input type="checkbox"/> Vision	Effective Date: ____/____/____		
<input type="checkbox"/> Long Term Health Care	Effective Date: ____/____/____		
<input type="checkbox"/> Deferred Compensation	Effective Date: ____/____/____		
<input type="checkbox"/> FlexComp	Effective Date: ____/____/____		
PART D CERTIFICATION BY AGENCY HEAD/CONTRACTING AUTHORITY			
I certify that the above named authorized agent is designated to act in this capacity for this department/agency.			
_____ Signature of Agency Head/Contracting Authority		_____ Date	
_____ Position or Title			
PART E MAILING ADDRESS			
All correspondence and communications with the Authorized Agent are to be addressed as follows:			
Name of Contact Person			
Address		City	State
			Zip + 4 Code
E-Mail Address		Telephone Number	FAX Number

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.

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PART A: PARTICIPATING AGENCY

TO BE COMPLETED BY NEW AUTHORIZED AGENT.

1. Name of participating unit and department number.
2. Name and date of appointment of new Authorized Agent.
3. Authorized Agent must sign and date.

PART B: TYPE OF APPOINTMENT

1. Check the box that identifies the type of appointment. **If this is a replacement, please be sure to list the previous Authorized Agent.**

PART C: AUTHORIZED AGENT FOR

1. Check the NDPERS program(s) the new Authorized Agent is/are to represent. **Check all boxes that apply and indicate the date when this change is effective.**

PART D: CERTIFICATION BY EXECUTIVE PERSONNEL

1. Agency head/director must sign and date this section for this form to be valid. The agency head/director should also indicate their position or title. **If the employer is controlled by a contracting authority or group, please note that a signature by a member in this contracting authority or group is required. This signature indicates that the authority or group has voted to approve this appointment.**

PART E: MAILING ADDRESS

- 1-4. Enter the mailing address, e-mail address, phone number, and fax number to be used by NDPERS. **If you have an email address, it is a requirement that you provide it in this section as NDPERS provides information and updates via email. If you do not have an email address, please write "N/A".**